

SCHOOL BUS DRIVER'S PRETRIP INSPECTION FORM

School District or Contractor's Name _____

Bus Identification No. _____ Date _____ Time _____

PLEASE CHECK "S" FOR SATISFACTORY OR "U" FOR UNSATISFACTORY. CHECK (✓) EACH COMPONENT CAREFULLY AND INDIVIDUALLY.

Open Hood and Check:

S	U		S	U	
<input type="checkbox"/>	<input type="checkbox"/>	Oil	<input type="checkbox"/>	<input type="checkbox"/>	Power Steering Fluid
<input type="checkbox"/>	<input type="checkbox"/>	Coolant	<input type="checkbox"/>	<input type="checkbox"/>	Washer Fluid
<input type="checkbox"/>	<input type="checkbox"/>	Battery	<input type="checkbox"/>	<input type="checkbox"/>	All Belts
<input type="checkbox"/>	<input type="checkbox"/>	Transmission Fluid	<input type="checkbox"/>	<input type="checkbox"/>	Wiring
<input type="checkbox"/>	<input type="checkbox"/>	Master Cylinder Brake Fluid			

With Engine Running, Driver Activates All Exterior Lights, Walks Around the Bus and Checks:

S	U	
<input type="checkbox"/>	<input type="checkbox"/>	Right Front Wheel and Tire
<input type="checkbox"/>	<input type="checkbox"/>	Right Side Marker and Turn Signal Lights
<input type="checkbox"/>	<input type="checkbox"/>	Right Side Reflectors
<input type="checkbox"/>	<input type="checkbox"/>	Right Side Rear View and Safety Mirrors
<input type="checkbox"/>	<input type="checkbox"/>	Crossing Control Arm (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Headlights (high/low beams)
<input type="checkbox"/>	<input type="checkbox"/>	Front Turn Signal Lights
<input type="checkbox"/>	<input type="checkbox"/>	Front Clearance Lights
<input type="checkbox"/>	<input type="checkbox"/>	Front Identification/Cluster Lights
<input type="checkbox"/>	<input type="checkbox"/>	Front Eight Light Flashing System
<input type="checkbox"/>	<input type="checkbox"/>	Front Reflectors
<input type="checkbox"/>	<input type="checkbox"/>	Windshield
<input type="checkbox"/>	<input type="checkbox"/>	Underside of Chassis
<input type="checkbox"/>	<input type="checkbox"/>	Crossover Mirror(s)
<input type="checkbox"/>	<input type="checkbox"/>	Left Side Rear View and Safety Mirrors
<input type="checkbox"/>	<input type="checkbox"/>	Left Front Wheel and Tire
<input type="checkbox"/>	<input type="checkbox"/>	Driver's Side Window
<input type="checkbox"/>	<input type="checkbox"/>	Stop Arm Panel
<input type="checkbox"/>	<input type="checkbox"/>	Left Side Marker and Turn Signal Lights
<input type="checkbox"/>	<input type="checkbox"/>	Left Side Reflectors
<input type="checkbox"/>	<input type="checkbox"/>	Side Emergency Door (open & close) (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Left Rear Wheel(s) and Tire(s)
<input type="checkbox"/>	<input type="checkbox"/>	Exhaust System (tail pipe clear?)
<input type="checkbox"/>	<input type="checkbox"/>	Rear Tail/Brake Lights
<input type="checkbox"/>	<input type="checkbox"/>	Rear Turn Signal Lights
<input type="checkbox"/>	<input type="checkbox"/>	Rear Clearance Lights
<input type="checkbox"/>	<input type="checkbox"/>	Rear Identification/Cluster Lights
<input type="checkbox"/>	<input type="checkbox"/>	Rear Eight Light Flashing System
<input type="checkbox"/>	<input type="checkbox"/>	Rear Reflectors
<input type="checkbox"/>	<input type="checkbox"/>	Strobe Light (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Rear Emergency Door (open & close) (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Right Rear Wheel(s) and Tire(s)
<input type="checkbox"/>	<input type="checkbox"/>	Fuel Tank Filler Caps
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Exit Reflective Tape (if applicable)

Signature of person performing above inspection if not the driver / Date _____

Driver Enters Bus and Checks:

S	U		S	U	
<input type="checkbox"/>	<input type="checkbox"/>	Steps	<input type="checkbox"/>	<input type="checkbox"/>	Warning Devices
<input type="checkbox"/>	<input type="checkbox"/>	Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	Fuses
<input type="checkbox"/>	<input type="checkbox"/>	Seats	<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kit
<input type="checkbox"/>	<input type="checkbox"/>	Seat Belts (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher
<input type="checkbox"/>	<input type="checkbox"/>	Windows	<input type="checkbox"/>	<input type="checkbox"/>	Lettering

Record odometer reading and confirm that the reading is not greater than the miles recorded on the back of the Certificate of Safety. (If odometer reading is greater, the Certificate of Safety has expired.)

Driver Starts Engine, Activates All Interior Lights and Checks:

S	U		S	U	
<input type="checkbox"/>	<input type="checkbox"/>	Steering Wheel	<input type="checkbox"/>	<input type="checkbox"/>	Controls and Indicators
<input type="checkbox"/>	<input type="checkbox"/>	Windshield Wipers and Washers	<input type="checkbox"/>	<input type="checkbox"/>	Ammeter (voltmeter)
<input type="checkbox"/>	<input type="checkbox"/>	Heater and Defroster	<input type="checkbox"/>	<input type="checkbox"/>	Gear Shift Lever
<input type="checkbox"/>	<input type="checkbox"/>	All Interior Lights	<input type="checkbox"/>	<input type="checkbox"/>	Neutral Safety Switch
<input type="checkbox"/>	<input type="checkbox"/>	Horn	<input type="checkbox"/>	<input type="checkbox"/>	Water Temperature Gauge
<input type="checkbox"/>	<input type="checkbox"/>	Service Door (open & close)	<input type="checkbox"/>	<input type="checkbox"/>	Fuel Gauge
<input type="checkbox"/>	<input type="checkbox"/>	All Mirrors (adjustments)	<input type="checkbox"/>	<input type="checkbox"/>	Vacuum or Air Pressure Gauge
<input type="checkbox"/>	<input type="checkbox"/>	Sun Visor	<input type="checkbox"/>	<input type="checkbox"/>	Odometer
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Exits (windows & doors) and Alarms	<input type="checkbox"/>	<input type="checkbox"/>	Switches
<input type="checkbox"/>	<input type="checkbox"/>	Clutch (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	Driver's Seat Belt
<input type="checkbox"/>	<input type="checkbox"/>	Braking Warning Alarm			

Drive Bus Forward and Apply Brakes:

S	U	
<input type="checkbox"/>	<input type="checkbox"/>	Service and Emergency Brake Operation

REMARKS _____

Signature of Driver _____